



# Monthly Report of Operation Sequencing Batch Reactor Wastewater Treatment Plant

Substitute for State Form 10829 (R/1-2003)

Page 1 of 4

Name of Facility		Permit Number	
Month	Year	Plant Design Flow mgd	Telephone Number
Certified Operator: Name		Class	Certificate Number
			Expiration Date

Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	CHEMICALS USED			RAW SEWAGE									
							Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Total Flow - MG	pH	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - lbs	Phosphorus - mg/l	Ammonia - mg/l		
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
11																			
12																			
13																			
14																			
15																			
16																			
17																			
18																			
19																			
20																			
21																			
22																			
23																			
24																			
25																			
26																			
27																			
28																			
29																			
30																			
31																			
Average																			
Maximum																			
Minimum																			
No. of Data																			

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

(SIGNATURE OF CERTIFIED OPERATOR)

(DATE)

(SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT)

(DATE)

# Monthly Report of Operation Sequencing Batch Reactor Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of:	Year
------------------	---------------	---------------	------

(SIGNATURE OF CERTIFIED OPERATOR)		(DATE)
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT)		(DATE)

Page 2 of 4      Substitute for State Form 10829 (R/1-2003)

Day Of Month	REACTOR # 1				REACTOR # 2				REACTOR # 3				FINAL EFFLUENT					
	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Settleable Solids % in 30 minutes	Susp. Solids - mg/l	Sludge Vol. Index - ml/gm	Dissolved Oxygen - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	pH	Dissolved Oxygen - mg/l	Phosphorus - mg/l
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		
16																		
17																		
18																		
19																		
20																		
21																		
22																		
23																		
24																		
25																		
26																		
27																		
28																		
29																		
30																		
31																		
Avg.																		
Max.																		
Min.																		
Data																		

Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

**Monthly Report of Operation  
Sequencing Batch Reactor  
Wastewater Treatment Plant**

Name of Facility	Permit Number	For Month Of:	Year
------------------	---------------	---------------	------

(SIGNATURE OF CERTIFIED OPERATOR)

(DATE)

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR  
AUTHORIZED AGENT)

(DATE)

Page 3 of 4 Substitute for State Form 10829 (R/1-2003)

Day Of Month	FINAL EFFLUENT															
	Flow		BOD				Total Suspended Solids				Ammonia				Other	
	Effluent Flow - MG	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - lbs	Susp. Solids - lbs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - lbs	Ammonia - lbs/day Weekly Average		
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																
14																
15																
16																
17																
18																
19																
20																
21																
22																
23																
24																
25																
26																
27																
28																
29																
30																
31																
Avg																
Max																
Min																
Data																

MONTHLY REMOVAL SUMMARY					Total Monthly Flow: (million gallons)
	BOD5	S.S.	Ammonia	Phosphorus	
Percent Removal					
					Percent Capacity (actual flow/design)

**Monthly Report of Operation  
Sequencing Batch Reactor  
Wastewater Treatment Plant**

Name of Facility	Permit Number	For Month Of:	Year
------------------	---------------	---------------	------

(SIGNATURE OF CERTIFIED OPERATOR)		(Date)
(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT)		(Date)

**Page 4 of 4** Substitute for State Form 10829 (R/1-2003)

Day Of Month	SLUDGE TO DIGESTER		DIGESTER OPERATION												
	Waste Act. Sludge Gal. x 1000	pH	Anaerobic Only			Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000			
			Gas Production Cubic Ft. x 1000	Temperature - F											
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															
17															
18															
19															
20															
21															
22															
23															
24															
25															
26															
27															
28															
29															
30															
31															
Avg.															
Max.															
Min.															
Data															

Send completed forms by the 28th of the month to:  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF WATER QUALITY, DATA MANAGEMENT SECTION  
P.O. BOX 6015  
INDIANAPOLIS, INDIANA 46206-6015